

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/	/					51						
2		/					52						
3		/					53						
4		/					54						
5		/					55						
6		/					56						
7		/					57						
8	/						58						
9		/					59						
10		/					60						
11		2					61						
12		/					62						
13	/						63						
14		/					64						
15		/					65						
16		/					66						
17		/					67						
18		/					68						
19	/	/					69						
20		/					70						
21		/					71						
22		/					72						
23		2					73						
24		/					74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
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34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	4						TOTAL IND.						
TOTAL DEP.	22						TOTAL DEP.						
TOTAL CLAIMS	26						TOTAL CLAIMS						